

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

					Attorney Docket No: PD-200323			
						Divisio	nuation	-Part
As a below named inv	entor, I hereb	y declare	that:					
My residence, post off	ice address a	nd citizer	nship are as stated belo	w next t	o my name.			
inventor (if plural name	es are listed b	elow) of	ntor (if only one name is the subject matter whic A Two-Way Satellite	h is clair	elow) or an o ned and for w	riginal, first hich a pate	and joint ent is sou	t ght on
was	ached hereto filed on	_ as Appl	ication Serial No					
claims, as amended b	y an amendn	ent refer						
I acknowledge the dut be material to patenta	y to disclose bility as defin	to the Un ed in Title	ited States Patent and 37, Code of Federal F	Tradema Regulatio	ark Office all inns, §1.56.	nformation	known to	me to
patent or inventor's ce	ertificate, or 3 States of Am ertificate, or o	65(a) of a erica, liste fany PCT	35 U.S.C. §§119(a)-(d) ny PCT international ap ed below and have also international application	oplication identific	n that designa d below any f	ted at leas oreign app	t one cou dication(s	ıntry
Foreign Application Number	Coun	ry	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Certified Copy Attached		
				☐ Ye	s 🔲 No	☐ Yes		lo l
				☐ Ye	s 🗌 No	☐ Yes		Ю
I hereby claim the ber	nefit under 35	U.S.C. §	119(e) of any United St	tates pro	visional appli	cation(s) lis	sted belov	N:
Application Number Fi		Filing Da	iling Date (MM/DD/YYYY)					
60/197,246		Ap	April 14, 2000					
international applications of the claims of the manner provided States Patent and Tra	on designatin this application by the first pandemark Office ecame availa	g the Uni on is not c ragraph c e all infor ble betwe	I20 of any United State ted States of America, lisclosed in the prior Ur of 35 U.S.C. §112, I acl mation known to me to the the filing date of the	listed be nited Sta knowledo be mate	low and, insol tes or PCT int ge the duty to erial to patenta	iar as the s ernational disclose to ability as de	subject mapplication the United to	on in ed 37
U.S. Parent Application or Parent PCT Number		F	Filing Date (MM/DD/YYYY)		Patent Number (<i>if applicable</i>)			

DECLARATION/POWER OF ATTORNEY

Page 2 of 2

Attorney Docket No: PD-200323

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John T. Whelan Registration No. 32,448
Craig L. Plastrik Registration No. 41,254
Michael W. Sales Registration No. 30,213

Correspondence Address:

Name:

Hughes Electronics Corporation Patent Docket Administration

Address:

P.O. Box 956

Bldg. 1, Mail Stop A109

City/State/Zip:

El Segundo, CA 90245-0956

Country:

USA

Telephone: 301-428-5965 Fa

Facsimile: 301-428-2802

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or Joint Inventor:	Inventor's Signature:		Date: 2/14/200/						
Frank Kelly	LA M Kell h		377700						
Residence (City and State)	Citize		nship						
Walkersville, Maryland	USA								
Residence Address (Street/City/State/Zip)									
205 Tylerton Court, Walkersville, Maryland 21793									
Full Name of Joint Inventor:	Inventor's Signature:	Date:							
Doug Dillon	Loughillon		2/14/2001						
Residence (City and State)) Citi		enship						
Gaithersburg, Maryland		USA							
Residence Address (Street/City/State/Zip)									
1 Bell Bluff Court, Gaithersburg, Maryland 20879									
Full Name of Joint Inventor:	Inventor's Signature:		Date:						
		F							
Residence (City and State)		Citizen	ship						
Residence Address (Street/City/State/Zip)									
			T						
Full Name of Joint Inventor:	Inventor's Signature:		Date:						
Residence (City and State)			Citizenship						
Residence Address (Street/City/State/Zip)									